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PTO/SB/21 (09-04)

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ITW

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	6880288 10/700,109	
	Filing Date	11/03/2003	
	First Named Inventor	DOROTHY MARIE OOTEN	
	Art Unit	3643	
	Examiner Name	BETHANY L. GRILES	
Total Number of Pages in This Submission	3	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  AFTER ALLOWANCE CORRECTION
<b>Remarks</b> US PATENT # 6,880,288 B1  PATENT WAS ISSUED UNDER HANES MY MAIDEN NAME. SHOULD BE UNDER OOTEN MY MARRIED NAME. COPY OF BIRTH CERTIFICATE FOR ID ENCLOSED		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature	<i>Dorothy Marie Ooten</i>	
Printed name	DOROTHY MARIE OOTEN	
Date	APRIL 27, 2005	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Dorothy Marie Ooten</i>	
Typed or printed name	DOROTHY MARIE OOTEN	Date 4/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**

PATENT NO. : *US 6,880,288 B1*  
APPLICATION NO.: *10/700,109*  
ISSUE DATE : *4/19/2005*  
INVENTOR(S) : *DOROTHY MARIE OOTEN*

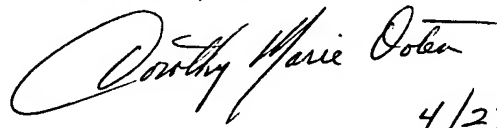
Page 2 of 3

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

*PATENT WAS ISSUED UNDER (HANE) MY MAIDEN  
NAME.*

*THE INVENTOR NAME SHOULD READ*

*(76) INVENTOR: DOROTHY MARIE OOTEN*

*DOROTHY MARIE OOTEN*  
  
*513-734-4813* *4/27/05*

MAILING ADDRESS OF SENDER (Please do not use customer number below):

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS			
Reg. Dist. No. <u>253</u>		Registrar's No. <u>217</u>	
Primary Rec. Dist. No. <u>8339</u>		Birth No. <u>134 - 49 66389</u>	
1. PLACE OF BIRTH a. COUNTY <u>Lorain</u>		2. USUAL RESIDENCE OF MOTHER (If different from county above) a. STATE <u>Ohio</u> b. COUNTY <u>Lorain</u>	
b. CITY (If outside municipal limits, write RURAL and give township and village) <u>Lorain</u>		c. CITY (If outside municipal limits, write RURAL and give township and village) <u>Lorain</u>	
c. FULL NAME OF (1) MOTHER (If married, give former names or maiden name) <u>St. Joseph Hospital</u>		d. STREET (If rural, give location), ADDRESS <u>203 Lakeside Ave.</u>	
3. CHILD'S NAME (Type in full) a. FIRST <u>Dorothy</u> b. MIDDLE <u>Marie</u> c. LAST <u>Hanes</u>		d. DATE OF BIRTH (Month) <u>May</u> (Day) <u>7</u> (Year) <u>1948</u>	
4. SEX a. THIS BIRTH Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>		b. IF TWIN OR TRIPLET (If not, leave blank) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
FATHER OF CHILD			
7. FULL NAME (Print) <u>Walton Berry</u>		a. COLOR OF HAIR <u>White</u>	
8. AGE (In years of this child) <u>40</u>		b. OCCUPATION <u>Businessman</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME (Print) <u>Dorothy Marie Wooten</u>		c. COLOR OF HAIR <u>White</u>	
13. AGE (In years of this mother) <u>23</u>		d. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child)	
14. BIRTHPLACE (State or foreign country) <u>Cincinnati</u>		e. How many OTHER children were born alive has she now living? <u>0</u>	
15. INFORMANT'S NAME OR SIGNATURE <u>Mother</u>		f. How many children were stillborn (born dead) after 15 weeks pregnancy? <u>0</u>	
I hereby certify that this child was born alive on the date above stated at <u>7:41 A.M.</u>		16. SIGNATURE <u>W. W. Fitch</u>	
17. ADDRESS <u>Lorain, O.</u>		18. DATE SIGNED <u>6-7-48</u>	
19. DATE AT BIRTH REC'D <u>6-8-48</u>		20. SIGNATURE <u>Rose Aquella</u>	
21. DATE SPECIFIC TEST FOR SYPHILIS <u>1-13-47</u>		22. DATE SPECIFIC TEST FOR SYPHILIS <u>1-13-47</u>	
23. FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
24. LENGTH OF PREGNANCY (In weeks) <u>41</u>		25. WEIGHT AT BIRTH (In lbs. and oz.) <u>7 lb. 4 oz.</u>	
26. GESTATION (In weeks) <u>41</u>		27. CONJUGITAL INFIRMITY (If any, specify) <u>None</u>	
28. MOTHER'S MAIDEN ADDRESS <u>Lorain Ohio</u>		29. MOTHER'S MAIDEN ADDRESS <u>Lorain Ohio</u>	

BIRTH CERTIFICATE FOR - DOROTHY MARIE OOTEN  
PLEASE CHANGE INVENTOR NAME FROM HANES, MY  
MAIDEN NAME TO OOTEN.

THANK YOU

*Dorothy Marie Ooten*

BEST AVAILABLE COPY

PATENT # US 6,880,288 B1